

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8564**  
**821**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>35 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>1022 East 9th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sally</u> b. (Middle) <u>Jessie</u> c. (Last) <u>Cheshier</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>22</u> (Year) <u>1950</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-4-78</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Power Mach. Opr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scott Towel Supply Co.</u>	
13a. FATHER'S NAME <u>Robert C. Frisbee</u>		13b. MOTHER'S MAIDEN NAME <u>Rithena</u>		14. NAME OF HUSBAND OR WIFE <u>Franklin N. Cheshier</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>495-10-4157</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margie Drake</u>		17. ADDRESS <u>1022 E. 9th, K.C., Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334 A</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Sclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>16 Feb.</u> 19 <u>50</u> , to <u>22 Feb.</u> 19 <u>50</u> , that I last saw the deceased alive on <u>22 Feb.</u> 19 <u>50</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>R. Glenn Elliott</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>1102 Grand Ave</u>		23c. DATE SIGNED <u>23 Feb 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGill-Eylar</u>		25. ADDRESS <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGill-Eylar</u>		25. ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Helen Elliott

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Max W. Kirkendall*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4632

P. O. Address F. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.